FILED
Feb 19, 2003 8:00 am
Secretary of State
02-19-2003 90018 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063268

1. Entity Name
Chi Institute of Chinese Medicine

DO NOT WRITE IN THIS SPACE

0UUJJ0JJ

2. Principal Place of Business	3. Mailing Address
9708 W Hwy 318	9708 W Hwy318
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Reddick Florida	City & State: Reddick, Florida
Zip: FL32686 Country: USA	Zip: FL32686 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Huisheng Xie
Street Address (P.O. Box Number is Not Acceptable): 5926 SW 86th Dr
City: Gainesville FL Zip Code: 32608

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Huisheng Xie DATE: 2-13-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Xie, Huisheng	NAME	
STREET ADDRESS	5926 SW 86th Dr	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL3260[illegible]	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	Yanru ZHAO	NAME	
STREET ADDRESS	5926 SW 86th Dr	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL3260[illegible]	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Yanru Zhao — 2/12/03 — (352)591-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #